SYMPTOM

Back pain

Back pain is aching, stiffness, or sharp discomfort anywhere along the back.

WHAT IT FEELS LIKE
Aching, stiffness, sharp pain, or muscle spasm

WHERE IT IS FELT
Upper, middle, or lower back, sometimes spreading to a leg

MOST COMMON CAUSES
Muscle strain, everyday overuse, age-related spine changes

WHEN IT IS URGENT
New groin numbness, bladder changes, bowel changes, or leg weakness

USUALLY LASTS
Days to weeks for common strains; longer with ongoing causes

SEE A DOCTOR IF
Pain persists several weeks, worsens, recurs, or limits daily activities

Overview

Back pain can affect any part of the back, but is most common in the lower back. It may start suddenly after lifting or twisting, or develop gradually without an obvious injury.

It is a symptom rather than a diagnosis and can arise from muscles, joints, discs, nerves, or nearby organs. Often, no specific damaged structure is found. This is called nonspecific or mechanical back pain.

Most new episodes improve within days or weeks. Severe pain does not always indicate serious damage, but some accompanying symptoms need prompt assessment.

What it may feel or look like

Back pain may feel like aching, tightness, stiffness, burning, sharp pain, or muscle spasm. It may remain in one area or spread into the buttock, hip, chest, abdomen, or leg.

Sciatica is pain caused by irritation of the sciatic nerve. It usually travels from the lower back or buttock down one leg, sometimes with tingling or numbness.

Pain may:

Tell a healthcare professional about weakness, loss of feeling, fever, urinary symptoms, unexplained weight loss, or pain that wakes you and does not ease after repositioning.

- Worsen with bending, lifting, sitting, standing, coughing, or twisting
- Improve after changing position or moving gently
- Disrupt sleep, work, walking, or usual activities
- Come and go without a clear pattern

Common causes

Common causes include muscle or ligament strain after lifting, exercising, reaching, or making an unfamiliar movement. Long periods in one position, repeated physical work, reduced activity, and muscle tension can also contribute.

Age-related changes in spinal joints and discs are common, including in people without pain. A bulging or herniated disc may sometimes irritate a nerve, causing pain, tingling, numbness, or weakness in an arm or leg.

Less common causes include inflammatory arthritis, a compression fracture, kidney stones, kidney infection, or shingles. Urgent causes are uncommon but include serious infection, pressure on the nerves at the bottom of the spine, and a fracture after significant injury. Rarely, back pain is related to cancer or a major blood vessel problem.

When to seek medical care

Seek emergency help now if back pain occurs with:

Bladder or bowel changes with groin numbness may indicate pressure on lower spinal nerves and require emergency assessment.

Arrange same-day care if you have fever or feel very unwell, particularly after an infection, operation, or spinal procedure. Prompt assessment is also important if you have a weakened immune system or use injected drugs.

Book a routine appointment if pain has not begun improving after several weeks, keeps returning, worsens, or limits sleep and daily activities. Also seek assessment for unexplained weight loss, persistent night pain, or pain after a minor injury if you have osteoporosis or fragile bones.

- New loss of bladder or bowel control

- Numbness around the genitals, buttocks, or inner thighs
- Severe or quickly worsening weakness in one or both legs
- Chest pain, severe abdominal pain, fainting, or trouble breathing
- A major fall, collision, or other significant injury

How the cause is found

A healthcare professional will ask when the pain began, where it spreads, what affects it, and whether you have weakness, numbness, fever, urinary changes, an injury, or other health conditions.

They may assess how you stand, walk, and move, and test strength, sensation, and reflexes.

Most uncomplicated back pain does not require an immediate X-ray or MRI. Imaging often shows age-related changes unrelated to pain. Scans or blood tests may be needed if symptoms suggest a fracture, infection, inflammatory condition, severe nerve pressure, cancer, or another specific cause.

Treatment and self-care

For uncomplicated back pain, gentle activity is usually better than prolonged bed rest. Continue normal activities as comfortably as possible, modify movements that clearly worsen pain, and increase activity gradually.

Heat may ease stiffness or muscle spasm, while a wrapped cold pack may help after a recent strain. Protect your skin and never apply extreme heat or cold directly.

Walking and controlled movement can maintain strength and flexibility. A physiotherapist may recommend suitable exercises. Changing position regularly is often more useful than maintaining one "perfect" posture.

Ask a pharmacist or healthcare professional before taking pain medicine if you have medical conditions, take regular medicines, or are pregnant. Anti-inflammatory medicines are unsuitable for some people, including those with certain stomach, kidney, heart, or bleeding problems. Follow the label and do not combine products containing the same ingredient.

Persistent pain may be managed with structured exercise and support for sleep, activity pacing, or coping with pain. Injections and surgery are reserved for selected causes.

What to expect

A strain or episode of nonspecific back pain often begins improving within days and settles over several weeks. Recovery may be uneven, and temporary soreness after activity does not necessarily mean new damage.

Pain lasting more than 12 weeks is often called chronic or persistent back pain, but it can still improve. Treatment generally focuses on movement, function, sleep, and confidence while addressing any identified cause.

Back pain can return. Regular movement, gradual strengthening, safe lifting, and avoiding long periods in one position may help. Seek reassessment if the pattern changes or you develop new weakness, numbness, bladder or bowel changes, fever, or other general health symptoms.

Common questions

Should I stay in bed?

Brief rest may help when pain is intense, but prolonged bed rest can increase stiffness and weakness. Gentle movement and a gradual return to activity are usually preferred.

Do I need a firm mattress?

No single mattress suits everyone. Choose one that feels supportive. A pillow between or beneath your knees may improve comfort.

Is it safe to exercise?

Gentle activity is usually safe for uncomplicated back pain. Start slowly and reduce movements that cause a marked or lasting increase in symptoms. Stop and seek medical advice for new weakness, numbness, or bladder or bowel changes.

Does severe pain mean I need a scan?

Not necessarily. Pain intensity alone does not show whether serious damage is present. Scans are most useful when symptoms or examination findings suggest a specific cause that would change treatment.

Sources

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